ROBERT LEE HYSELL In re TAMMY LOUISE HYSELL	According to the information required to be entered on this statement
Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: (If known)	\square The presumption arises.
(II Kilowii)	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)	(7)]	EXCLUSION			
2	 Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. □ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. 					
	 c. Married, not filing jointly, without the declaration of separate households set out in Line ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B 					
	All figures must reflect average monthly income received from all sources, derived during the size			IOI		
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Column A Debtor's Income		Column B Spouse's Income	
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	4,833.00	\$	0.00	
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered o Line b as a deduction in Part V.	l	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	¥		
	Debtor Spouse					
	a. Gross receipts \$ 0.00 \$ 0.00					
	b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00 c. Business income Subtract Line b from Line a	4 _{\$}	0.00	\$	0.00	
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse					
	b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00 c. Rent and other real property income Subtract Line b from Line a	_{\$}	0.00	\$	0.00	
6	Interest, dividends, and royalties.	\$	0.00		0.00	
7	Pension and retirement income.	_				
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column if a payment is listed in Column A, do not report that payment in Column B.	\$; \$	0.00		500.00	
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to		0.00	¢	0.00	
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Debtor Spouse	- ΙΨ	0.00	\$	0.00	
	b. \$ \$	- _{\$}	0.00	ф	2.22	
Total and enter on Line 10			0.00	\$	0.00	
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	if \$	4,833.00	\$	500.00	

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	5,333.00
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 63,996.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	
	a. Enter debtor's state of residence: TN b. Enter debtor's household size: 6	\$ 78,719.00
15	 Application of Section 707(b)(7). Check the applicable box and proceed as directed. ■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. □ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. 	ot arise" at the

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete 1 at ts 1v, v,	1, and vii of this	statement only if required	. (Bee Line 13.)		
	Part IV. CALCULATION	OF CURREN	Γ MONTHLY INCO	ME FOR § 707(b)(2	2)	
16 Enter the amount from Line 12.						
17						
	a. b. c.		\$ \$ \$			
	d.		\$			
	Total and enter on Line 17			-	\$	
18	Current monthly income for § 707(b)(2). S	ubtract Line 17 fro	om Line 16 and enter the res	ult.	\$	
	Part V. CALCUL	ATION OF D	EDUCTIONS FROM	INCOME		
	Subpart A: Deductions	under Standard	ls of the Internal Reven	ue Service (IRS)		
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$	
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tay return, plus the number of any additional dependents whom					
	Persons under 65 years of age		Persons 65 years of age	e or older		
	a1. Allowance per person b1. Number of persons	a2. b2.	Allowance per person Number of persons			
	c1. Subtotal	c2.	Subtotal		\$	
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		

20B	not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense \$ b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$					
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
	Local Standards: transportation; vehicle operation/public transpor	rtation expense.				
	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	f whether you pay the expenses of operating a				
22A	Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are				
	$\square 0 \square 1 \square 2$ or more.	. C. TDGY 1G. 1				
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the "					
	Standards: Transportation for the applicable number of vehicles in the	ф				
	Census Region. (These amounts are available at www.usdoj.gov/ust/ o		\$			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy					
	court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which					
	you claim an ownership/lease expense. (You may not claim an owners vehicles.)					
	□ 1 □ 2 or more.					
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy c					
23	Monthly Payments for any debts secured by Vehicle 1, as stated in Lin					
	the result in Line 23. Do not enter an amount less than zero.	Ф.				
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 1, as stated in Line 42	\$	_			
	•	Subtract Line b from Line a.	\$			
	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation					
24	(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy c Monthly Payments for any debts secured by Vehicle 2, as stated in Lin the result in Line 24. Do not enter an amount less than zero.					
		\$				
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$				
	2, as stated in Eme 42	Subtract Line b from Line a.	\$			
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,						
25	state and local taxes, other than real estate and sales taxes, such as inconsequity taxes, and Medicare taxes. Po not include real estate or sales	\$				
security taxes, and Medicare taxes. Do not include real estate or sales taxes.						

	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll					
26		as retirement contributions, union dues, and uniform costs.	\$			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term					
21	27 life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.					
	Other Necessary Expenses: court-ordered payments	• Enter the total monthly amount that you are required to	\$			
28	pay pursuant to the order of a court or administrative as	gency, such as spousal or child support payments. Do not				
	include payments on past due obligations included in		\$			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for					
	education that is required for a physically or mentally c providing similar services is available.	y or mentally challenged dependent child for whom no public education				
	Other Necessary Expenses: childcare. Enter the total	avarage monthly amount that you actually expend on	\$			
30		preschool. Do not include other educational payments.	\$			
	Other Necessary Expenses: health care. Enter the too health care that is required for the health and welfare of	tal average monthly amount that you actually expend on				
31	insurance or paid by a health savings account, and that	is in excess of the amount entered in Line 19B. Do not				
	include payments for health insurance or health savi		\$			
22	Other Necessary Expenses: telecommunication servi	ces. Enter the total average monthly amount that you your basic home telephone and cell phone service - such as				
32	pagers, call waiting, caller id, special long distance, or	internet service - to the extent necessary for your health and				
	welfare or that of your dependents. Do not include any	amount previously deducted.	\$			
33	Total Expenses Allowed under IRS Standards. Ente	er the total of Lines 19 through 32.	\$			
	Subpart B: Additi	onal Living Expense Deductions				
	Note: Do not include any ex	penses that you have listed in Lines 19-32				
	Health Insurance, Disability Insurance, and Health S the categories set out in lines a-c below that are reasonadependents.	Savings Account Expenses. List the monthly expenses in ably necessary for yourself, your spouse, or your				
34	a. Health Insurance	\$				
	b. Disability Insurance	\$				
	c. Health Savings Account	\$	\$			
	Total and enter on Line 34.					
	If you do not actually expend this total amount, state below:	your actual total average monthly expenditures in the space				
	\$					
		family members. Enter the total average actual monthly				
35	expenses that you will continue to pay for the reasonab ill, or disabled member of your household or member of					
	expenses.	\$				
2.5	Protection against family violence. Enter the total ave					
36	actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
	other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local					
37	Standards for Housing and Utilities, that you actually e	xpend for home energy costs. You must provide your case				
	trustee with documentation of your actual expenses, claimed is reasonable and necessary.	and you must demonstrate that the additional amount	\$			
		18. Enter the total average monthly expenses that you	Ψ			
20	actually incur, not to exceed \$147.92* per child, for atte	endance at a private or public elementary or secondary				
38	school by your dependent children less than 18 years of documentation of your actual expenses, and you must					
	necessary and not already accounted for in the IRS		\$			

 $^{^*}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			ns. Enter the amount that you will contine organization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Total	Additional Expense Deduct	ions under § 707(b). Enter the total of L	Lines 34	through 40		\$
			Subpart C: Deductions for De	bt Pay	ment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment,						
		Name of Creditor	Property Securing the Debt		age Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					l: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor						\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as						\$
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.						
45	a. b.	issued by the Executive Off information is available at the bankruptcy court.)	Chapter 13 plan payment. district as determined under schedules fice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of ative expense of Chapter 13 case	x Total:	Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$	
Subpart D: Total Deductions from Income							
47	47 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	
		Part VI. I	DETERMINATION OF § 707(b	o)(2) P	RESUMP	ΓΙΟΝ	
48					\$		
49	Ente	r the amount from Line 47 (T	Total of all deductions allowed under §	707(b)(2	2))		\$
50	Mon	thly disposable income under	§ 707(b)(2). Subtract Line 49 from Line	e 48 and	enter the resu	lt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the					\$	

	Initial presumption determination. Check the applicable box and proceed as directed.						
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
		et forth on Line 51 is more than \$11,7 mplete the verification in Part VIII. Yo					
	☐ The amount o	on Line 51 is at least \$7,025*, but not i	more than \$11,725*. Com	plete the remainder of Part VI (I	Lines 53 through 55).		
53	Enter the amoun	t of your total non-priority unsecured	l debt		\$		
54	Threshold debt p	payment amount. Multiply the amount	in Line 53 by the number (0.25 and enter the result.	\$		
	Secondary presu	mption determination. Check the appl	icable box and proceed as	directed.			
55	of this statement,	on Line 51 is less than the amount on I and complete the verification in Part VI	III.				
		☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	<u> </u>	Part VII. ADDIT	IONAL EXPENSE C	LAIMS			
56	you and your fam	List and describe any monthly expenses ily and that you contend should be an act.). If necessary, list additional sources of the expenses.	dditional deduction from ye	our current monthly income und	ler §		
	Expense D	Description		Monthly Amou	nt		
	a.	•	9	6			
	b.		9	6			
	c.		9				
	d.		9				
		Total: Add	Lines a, b, c, and d	9			
		Part VII	I. VERIFICATION				
	I declare under pe	enalty of perjury that the information pro	ovided in this statement is t	rue and correct. (If this is a join	nt case, both debtors		
	Da	te: February 28, 2013	Signature:	/s/ ROBERT L. HYSELL			
		·	_	ROBERT LEE HYSELL			
57				(Debtor)			
	Da	te: February 28, 2013	Signature	/s/ TAMMY L. HYSELL			
				TAMMY LOUISE HYSELL			

(Joint Debtor, if any)

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2012 to 01/31/2013.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **GGS COOKEVILLE** Constant income of **\$4,833.00** per month.

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **08/01/2012** to **01/31/2013**.

Line 8 - Child support income (including foster care and disability)

Source of Income: **Support Payment** Constant income of **\$500.00** per month.